FEC FORM 3

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REPORT OF RECEIPTS D DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SE	10
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Office Use Only

1.	NAME OF COMMITTEE (In full)	TYPE OR PRINT ▼		ample: If typing, type er the lines.	12FE4M5		
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2.	COO.4.486		IS THIS REPORT	NEW (N) OR	STATE AMENDED (A)	STATE V DISTRICT	
4.	TYPE OF REPORT (Ch. (a) Quarterly Reports: April 15 Quarterly I July 15 Quarterly F October 15 Quarter January 31 Year-Er Termination Report	Report (Q1) Report (Q2) orly Report (Q3) and Report (YE) (c)	Election on	Primary (12P) Convention (12C) M M M / D M T-Election Report for General (30G)	General (12G) Special (12S)	in the State of Special (30S) in the State of St	
5. Covering Period さず さず えど は through 0.9 138 14							
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Ms. Robyn A. D. Ferdinand Signature of Treasurer Date							
	TE: Submission of false, erron	eous, or incomplete info	ormation may	subject the person sig		enalties of 2 U.S.C. §437g. FEC FORM 3 (Revised 02/2003)	